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ABSTRACT

The problem of human response to loss is complex. To approach understanding of this process it is valuable to use a number of models. Phenomenologically the application of a temporal matrix divides the reaction into three useful heuristic and empirical stages: initial, acute grief (1-3 months); mourning (1-2 years); and post-mourning, with no set time limit. Another approach involves separating the affective and behavioral functions that accompany the bereavement response. The adaptive goal of the bereavement response is the assimilation of the reality of the loss. Successful resolution refers to a positive quality in the bereaved's relationship with the internal model or representation of the deceased, and not to the death itself. Assessing resolution is a clinical judgment regarding the state of this bi-directional relationship between the other and self. Resolution implies that the bereaved is neither compulsively preoccupied with, nor avoiding of, the internal representation of the deceased. The treatment problems in the management of the relationship involve examination of the current status of the bereaved and his/her recollections of the other; by looking for change and evolution, resolution can be approached, while leaving room for the relationship. (MCF)

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Beyond Adjustment: Parameters of Successful Resolution of Bereavement

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Running head: Beyond Adjustment

BEYOND ADJUSTMENT: PARAMETERS OF SUCCESSFUL RESOLUTION OF BEREAVEMENT

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I would like to open today with a case vignette that has served as a stimulus for my present paper and ongoing research. Mrs. Donalson (fictitious name) was interviewed as part of a study assessing the impact upon the mother of child death due to the Sudden Infant Death Syndrome. Seen five years after her child had died, Mrs. Donalson was an attractive 32 year old married woman with two children living at home with her. Her youngest child had been conceived after the loss. As the interview exploring her responses and reactions to her loss progressed, she spoke openly of her children, the difficult readjustment period she had gone through and the stimuli that triggered associations to her deceased child. It was not so much the range of stimuli that picqued my interest, but the picture that she conveyed. After describing the events that stimulated associations to her son -- birthdays, family holidays, anniveraries of the death, and so forth, she continued:

> "Sometimes when I meet a few of the neighborhood children who would have been Tom's playmates, or

sometimes when I meet a Tommy who is five years old -- I think of my son again. Not as he was then, but as he might have been had he lived."

If asked to determine whether this response represents a maladaptive or deviant response to loss, there are several paradigms one could follow. In a clinical model, we might consider the extent of affect, perhaps depression, associated with the loss. In addition, we would probably be concerned with general functioning of the individual -- does this person function adaptively in most contexts? If evidence of disturbed psychological functioning was present, we would not yet know whether this is related to the loss suffered in the past, merely triggered by it, or independent of it.

The problem of human response to loss is of awesome complexity and to approach the field, it is valuable to utilize a number of templates. Phenomenologically, the application of a temporal matrix divides the reaction into three useful heuristic and empirical stages. These are: the initial acute grief period (lasting from one to three months); the mourning period lasting approximately one to two years; and the post mourning period which has no set time limit. A second template involves the separation of the affective and behavioral changes in function that accompany the bereavement response; from the heightened preoccupation and reorganization of the relationship to the deceased. These two aspects are related but not synonymous, and the distinction has

been addressed in earlier papers (Rubin, 1981; Rubin, 1982). We are in this paper concerned and focused on the period following mourning, the post mourning phase as it occurs significantly beyond the stabilization and resumption of normal functioning.

The Bereavement Response

The adaptive goal of the bereavement response is the assimilation of the reality of loss. The manifestations of grief and mourning are the symptoms and the means by which the survivor gradually acknowledges, copes with and ultimately adjusts to the reality of the loss. The process of adjusting to the loss of a meaningful relationship does not proceed linearly and never reaches a fixed end point. The adaptive task of the bereavement response, fully accepting the reality of loss, is adjudged technically complete when the psychologically intense relationship to the deceased is defused and the reality of loss accepted. This achievement is typically accompanied by a resumption of pre-loss functioning and personality characteristics. While bereavement as a catalyst for significant changes in personality change does occur, the most frequent result is that the effects of loss are somewhat circumscribed (Rubin, 1981).

At a point significantly beyond the stabilization and resumption of normal functioning, the manifest mourning process concludes. The intrapsychic process of relating to the memory of the deceased continues. When the less intense but still significant

preoccupation with the lost object (as in object of love and affection) has subsided as well, we acknowledge the completion of the mourning stage and its latent components.

Resolution of Loss and the Relationship

Resolution of loss is the process that commences where adaptation to the loss leaves off. Successful resolution refers to the positive quality of the relationship with the internal model or representation of the deceased and not to the death per se. The relationship to the deceased is a dynamic and ongoing experience. The ongoing relationship to the representation of the deceased is not unlike our relationship to the representations (memories, fantasies, feelings) of those who exist alongside us. The greater the comfort and fluidity with which one can relate to the representation of the deceased -- the more one can refer to "resolution" of the loss and the lost.

If we turn to a brief review of a number of the salient features of object relationship, the task of defining resolution will be simplified. This approach can shed light on the relationship of the survivor to the lost individual -- technically referred to as the lost object. The theoretical notion of intrapsychic object relationships, of a mental world with representations of self and other, is a psychoanalytic one (Rizzuto, 1979).

Within the object relations perspective, there is a developmental aspect, an ego structuralizing aspect and a relational aspect (Blatt, 1974; Sandler, Holder & Dare, 1975). While these aspects are often interwoven conceptually, the relational aspect is most relevant here.

> The relationship between two people, even if looked at from only one side in terms of subjective experience and activities of one of the people concerned, involves very subtle and complicated cues and signs. [...] A whole variety of feelings, wishes, thoughts and expectations are involved in the interaction which is characteristic of the ongoing relationship between two people. This is not only true for a relationship between two real people. An object relationship in fantasy will also involve a similar sort of interaction between self and object representations .... (Sandler & Sandler, 1978, pp. 285-286).

The object relations approach makes its first contribution by underscoring the importance of the representations of individuals whom we know and knew as they are organized in our minds (Beres & Joseph, 1970; Bowlby, 1977). It is understood that the representations are more than mere memory groupings of impressions, interactions, feelings, understandings, and distortions surrounding the other (Stierlin, 1972). There are elements of fantasy intermixed with the reality in our storage of this information (Winnicott, 1971), but the central reality base is important. The objective reality and subjective internal perception of the other exist in some correlation -- which will vary. In real life, our relationships with others are influenced by our internal object schemata (Bowlby, 1977). A person's

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representations of another are most relevant for how they affect perceptions and interactions with that specific individual. These representations are a significant and indispensable part of the relationship with the other. In bereavement the cessation of present and future interaction with the deceased on the objective level, in the real world, leaves the internal elements to bear the weight of the relationship.

The second contribution of an object relations framework emphasizes that the representations of others are relevant and instrumental in an individual's self perceptions, affective functioning, and psychological well-being. Our internal working self definitions and self representations are shifting, constantly reworking relationships and memories of the past (Rizzuto, 1979). Perhaps no better example in adult life exists than the changes in relation to one's own parents brought about by adulthood, child-rearing, and the parenting of one's own parents. A similar phenomena is familiar to those who practice psychotherapy and to those who have undergone it. Of the significant others one encounters, the relationships to spouse, parent, and child internal representations are of particular significance in the psychological life of the individual.

The Parameters of Resolution

Approaching resolution of bereavement on the basis of the relation to the internal object may focus us, but it does not ease us away from making difficult clinical judgments.

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Nevertheless, by examining the state of the relationship between the bereaved and his or her lost loved (and hated) one the current state of resolution of the relationship to the deceased can be considered. This, ultimately, is the key to the resolution of the loss. It stands in marked contrast to a failure to accept the absence of the deceased in the objective world, which is a pathological adaptation and lack of adjustment to the loss itself (Volkan, 1972).

The relationship to the internal representation of the deceased whose external absence has been accepted, is a bi-directional process. The first direction is the relation of self to the other. Here, the investment in the internal object should not function as a substitute for relationships with other living individuals. Rather it should be an adjunct to them. We would expect that the perception of the lost object be open to change and not remain frozen in time, cognitively and affectively, as some petrified representation of the other as he once was and was perceived then.

With regard to these elements, Mrs. Donalson's response alluded to both. She had continued to invest and raise her living children without forgetting that she had borne three, only two of whom were living. And her representation of Tom suggested an openness to a developmentally evolving internal representation, and not one frozen in time.

In the other direction, resolution as it relates to the

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relationship vis-a-vis the self representation, several points are worth making. These are primarily in the area of whether the representation of the deceased evokes a sense of well being or threat -- acting upon the self representation. If recalling the object consistently evokes significant guilt, fear, depression, relief at the death -- basic resolution of the relationship has not been achieved. On the other hand, if the representation of the lost other is available casually, and the cognitive affective relationship is facilitating rather than threatening, is a source of warmth, a pleasant recollection perhaps -- and stands with rather than against the self representation -- the term resolution fits.

For Mrs. Donalson, the recollection of her dead son evoked strong negative emotions in the form of personal blame for his death. Her representation of Tom was paired with a sense of threat that unbalanced her sense of self rather than facilitated it. Had her ability to fantasize about Tom been casual, it would have suggested an adaptive way of her claiming another element of her identity as a woman and mother. In the context of her response, Tom remained for his mother a representation evoking mainly a sense of guilt and failure. Successful resolution would clearly seem an ill fitting way of describing this outcome.

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CONCLUSIONS

The case vignette discussed briefly here, of a mother relating to her developing representation of her young child, is very different from the experience of a parent relating to the representations of a deceased adult son who has died in war. Similarly, an adult son or daughter, dealing with the representations of a deceased parent has a radically different perspective, as does one spouse in the experience of the other. The unique element of each of these prototypical relationships, however, is a variant on the thesis discussed above: That the resolution of loss involves and ultimately turns on the quality and experience of the representations of the other separately, and in relation to the self representations.

What I have tried to convey today is that in the epilogue to mourning, there remains an ongoing relationship to the memory of the other -- and that memory is anything but static. The representation of the deceased stands in some relation to the mass of mentations that we refer to as self. Assessing resolution is a clinical judgment regarding the state of the bi-directional relation between other and self. Resolution implies that the bereaved, for some time now the survivor, be neither compulsively preoccupied with, nor avoiding of, the internal representation of the deceased. We expect that the deceased be neither overidealized nor denigrated and devalued. We also assume that the lost other is not too close and not too far

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from the active self representations; and that the object not overpower and not be overpowered by the representations of the self.

To the clinicians and researchers here, practical implications of the paper concern the focus of attention on the assessment of the survivor's dynamic relationship to the memory of the deceased other. Whereas behavioral dysfunction, refusal to accept the reality of the death, and an inability to relate to the memory of the deceased may serve as dramatic indicators of dysfunction in response to loss, the elements of its opposite, successful resolution, appear to be found beyond adjustment per se. The treatment of problems in the management of the relationship involve examination of the current status of the person and his or her recollections of the other. Thus exploration into the meaning of the deceased, and the memories, experiences and feelings that constitute the representations of the other vis-a-vis the survivor is important. To begin to understand these elements, the bereaved's answers to the following questions are useful: What was and what is the meaning of this other person in your life? What about you was and is evoked, facilitated, and hindered in this recollected relationship? How has your appraisal and relationship to this person, unavailable in reality but not in memory, changed? By looking for change and evolution, we can approach resolution, and still leave room for the relationship.

> We know that the acute grief we feel after
> a loss will come to an end but that we will

remain inconsolable, and will never find a substitute. Everything that comes to take the place of the lost object, even if it fills it completely, nevertheless remains something different. And in fact it is a good thing that it should be so. It is the only way of perpetuating love, which we do not wish to give up.

Freud in letter to Binswanger (Blatt, 1974, p.).

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